

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cathryn Neaves, Esq.
Asst. Attny General
One Ashburton Place
Boston MA 02108

2. Article Number (Copy from service label)

7004 1160 0005 9812 1845

A. Received by (Please Print Clearly) APR 27 2005 B. Date of Delivery 2005

C. Signature

Willie S. Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

| | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Ellen V. Spencer
Ellen V. Spencer
U.S. Courthouse
120 Broad Street
Philadelphia, PA 19101-2901

05cv10740 DPW Ellen V. Spencer